

## WORKSHEET FOR FOOD STAMP PROGRAM QUALITY CONTROL REVIEWS

<b>PRIVACY ACT NOTICE:</b> This report is required under provisions of 7 CFR 275.14 (Food Stamp Program). This information is needed for the review of State performance in determining recipient eligibility. The information is used to determine State compliance and failure to report may result in a finding of non-compliance.				<b>OMB STATEMENT:</b> According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0074. The time required to complete this collection is estimated to average 9 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.										
<b>A. IDENTIFYING INFORMATION</b>				<b>B. PERSONS LIVING IN THE HOME</b>										
				Name	Birth date	Age	Relationship or Significance	Social Security Number	FS Recip.					
				1										
				2										
1.	Local Agency			3										
2.	Case Name			4										
3.	Address			5										
		6												
4.	Phone Number			7										
5.	Directions to Locate			8										
		9												
6.	Case Number(s)			10										
7.	Review Number(s)			<b>C. SIGNIFICANT PERSONS NOT LIVING IN THE HOME</b>										
8.	Review Date/Month			Name	Relationship or Significance	Social Security Number	Address	Phone Number	Financial Support					
9.	Date of Most Recent Opening													
10.	Most Recent Action	a. Date												
		b. Type												
11.	Certification Period	From		11										
		To		12										
12.	Participated During Sample Month	Yes	No	13										
13.	Rec'd Expedited Service	Yes	No	14										
14.	Categorically Eligible HH	Yes	No	15										
15.	Reviewer(s)			<b>D. REVIEW FINDINGS</b>										
16.	Date(s) Assigned			Allotment	_____	Amount Correct	_____							
17.	Date of Case Reading(s)						Amount in Error	_____	Overissuance	_____				
18.	Date of Interview									Under-issuance	_____	_____		
19.	Date(s) Completed											Ineligible	_____	_____
20.	Supervisor													_____
21.	Date Cleared													_____

**ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION**

**ELEMENTS OF ELIGIBILITY  
AND PAYMENT  
DETERMINATION**

**QC ANALYSIS OF CASE RECORD**  
(PERTINENT FACTS SOURCES OF VERIFICATION,  
RELIABILITY, GAPS OR DEFICIENCIES)

**FINDINGS OF FIELD INVESTIGATION**  
(FACTS OBTAINED, VERIFICATION AND  
SUBSTANTIATION, NATURE OF ERRORS)

**RESULTS**  
1-No Error  
2-Agency  
Error  
3-Client  
Error

(1)	(2)	(3)	(4)
	<b>BASIC PROGRAM</b>	<b>REQUIREMENTS (100)</b>	
110 Age			
111 Student Status			
130 Citizenship and Non-Citizen Status			
140 Residency			
150 Household Composition			
151 FS-Recipient Disqualification			
<b>WORK REQUIREMENTS</b>			
160 Employment and Training Programs			
161 Time Limited Participation			
162 Work Registration			
163 Voluntary Quit/ Reducing Work Effort			
164 Workfare and Comparable Workfare			
165 Employment Status/ Job Availability			
166 Acceptance of Employment			
170 Social Security Number			
<b>LIQUID RESOURCES</b>	<b>RESOURCES</b>	<b>(200)</b>	
211 Bank Account or Cash on Hand			
212 Non-Recurring Lump-Sum Payments			

213 Other Liquid Assets and Personal Property			
<b>NON-LIQUID RESOURCES</b>			
221 Real Property			
222 Vehicle			
224 Other Non liquid Resources			
225 Combined Resources			
<b>EARNED INCOME</b>	<b>INCOME</b>	<b>(300)</b>	
311 Wages & Salaries			
312 Self-Employment			
314 Other Earned Income			
<b>EARNED INCOME DEDUCTIONS/REGARDS</b>			
321 Earned Income Deductions			
323 Dependent Care Deductions			
<b>UNEARNED INCOME</b>			
331 RSDI Benefits			
332 Veterans Benefits			
333 SSI and/or State SSI Supplement			
334 Unemployment Compensation			
335 Worker's Compensation			
336 Other Government Benefits			
342 Contributions/Income in Kind			
343 Deemed Income			
344 PA or GA			
345 Educational Grants/Scholarships/Loans			
346 Other Unearned Income			

347 TANF			
350 Child Support Payments Received From Absent Parent			
<b>OTHER DEDUCTIONS/ DISREGARDS</b>			
361 Standard Deduction			
363 Shelter Deduction			
364 Standard Utility Allowance			
365 Medical Deduction			
366 Child Support Payment Deduction			
371 Combined Gross Income			
372 Combined Net Income			
	<b>OTHER</b>	<b>(500)</b>	
520 Arithmetic Computation			
560 Monthly Reporting			
810 Food Stamp Simplification Project			
820 Demonstration Projects			

FOOD STAMP QUALITY CONTROL COMPUTATION SHEET						
		ELIGIBILITY (1)	FINAL SAQC DETERMINATION (2)	(3)	(4)	(5)
Wages, salaries, Federal work study, minus allowable expenses, or other income from employment. (Do not count excluded income)						
Member	Source					
1. Add Line K from Self-Employment addendum sheet (if applicable) and all earned income listed above.						
Educational grants, scholarships, or loans (except Federal work study)						
2. Enter monthly income received from educational grants, etc.						
3. Enter monthly tuition and mandatory fees and other allowable expenses.						
4. Subtract 3 from 2						
5. Add lines 1 and 4						
Unearned income (Do not count excluded income)						
6. Total unearned income.						
Gross monthly income						
7. Add lines 5 and 6						
8. Enter net loss from line K, if applicable.						
9. Subtract line 8 from 7. (Result is gross monthly income.)						
10. Enter appropriate gross income eligibility limit.						
Go to line 11 only if: - line 9 is less than or equal to line 10; or - household contains an elderly/disabled member; or - household is categorically eligible for food stamps.						
DEDUCTIONS: (Other than shelter)						
11. Multiply line 1 by 20% and enter result here.						
12. Subtract 11 from 9.						
13. Enter standard deduction.						
14. Subtract line 13 from 12.						
15. Enter medical costs over limit for household with elderly/disabled member.						
16. Subtract line 15 from 14.						
17. Enter dependent care costs (not to exceed authorized limit).						
18. Subtract line 17 from 16.						

FOOD STAMP QUALITY CONTROL COMPUTATION SHEET					
	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMINATION (2)	(3)	(4)	(5)
19. Enter Child Support.					
20. Subtract line 19 from 18.					
21. Enter homeless shelter deduction, if applicable.					
22. Subtract 21 from 20.					
23. If household had shelter costs, and did not receive a homeless shelter deduction, divide line 22 by 2.					
<b>SHELTER COSTS: (Use either the utility standard or the actual cost of each utility bill.)</b>					
Rent or mortgage					
Taxes and insurance					
Total utility standard					
Telephone (Basic rate)					
Electric					
Gas					
Oil					
Water and Sewerage					
Garbage and trash					
Installation of utilities					
Other					
24. Total Shelter costs					
25. Enter amount from line 23.					
26. Subtract line 25 from 24 (Result equals excess shelter costs).					
27. If no elderly/disabled member, enter the maximum limit for the shelter deduction.					
<b>NET MONTHLY INCOME</b>					
28. Enter amount from line 20 (income after all deductions except shelter)					
29. If elderly/disabled member, enter line 26. For all other households, enter amount from line 26 or 27, whichever is less.					
30. Subtract line 29 from 28. (Result equals net monthly income)					
31. Enter appropriate net income eligibility limit.					
Go to line 32 only if: - Line 30 is less than or equal to line 31; OR - all members of the HH are categorically eligible.					
<b>ALLOTMENT LEVEL</b>					
32. Enter Thrifty Food Plan for household size.					
33. Multiply line 30 by 30% and enter result here.					
34. Subtract line 33 from 32; (Prorating or applying minimum allotment if required)					

<b>FOOD STAMP QUALITY CONTROL COMPUTATION SHEET</b>						
<b>SELF-EMPLOYMENT ADDENDUM</b>						
FOR HOUSEHOLDS WITH SELF-EMPLOYMENT INCOME: START AT STEP A AND WORK THROUGH STEP K. DO THE STEPS IN ORDER. IF A NEGATIVE NUMBER RESULTS AFTER SUBTRACTING TWO NUMBERS, INSERT ZERO, EXCEPT LINES D, J, AND K		ELIGIBILITY (1)	FINAL SAQC DETERMINATION (2)	(3)	(4)	(5)
<b>FARM SELF-EMPLOYMENT INCOME</b>						
Household Member	Source					
A. Total monthly gross farm self-employment income						
B. Enter monthly farm business costs						
Subtract Line B from Line A, and:						
C. If gross income exceeds costs enter figure here as net farm gain.						
D. If business costs exceed gross income enter figure here as net farm loss.						
<b>SELF-EMPLOYMENT INCOME OTHER THAN FARMING</b> (including room and board payments).						
E. Total monthly gross self-employment income other than farming.						
F. Enter monthly farm self-employment income from Line C (if Applicable).						
G. Add lines E and F. (Result is total self-employment income.)						
H. Enter monthly business costs other than farming.						
I. Subtract line H from G. Result is net monthly self-employment income before taxes; (If Less Than 0, Enter 0.)						
J. Enter net farm loss from line D. (If none, enter 0.)						
K. Subtract line J from I. Enter as a positive number, a negative number or 0.						
If line K shows a net gain, add to wages and salaries on line 1 and enter 0 on line 8 of the Computation Sheet.						
If line K shows a net loss, enter amount on line 8 on the Computation Sheet and make no entry for self-employed income on line 1.						

**ALLOTMENT TEST WORKSHEET**

		AGENCY'S BENEFIT CALCULATION	COMPARISON I	COMPARISON II	NOTES	
Wages, salaries, Federal work study, minus allowable expenses, or other income from employment. (Do not count excluded income)						
Member	Source					
1. Add Line K from Self-Employment addendum sheet (if applicable) and all earned income listed above.						
Educational grants, scholarships, or loans (except Federal work study)						
2. Enter monthly income received from educational grants, etc.						
3. Enter monthly tuition and mandatory fees and other allowable expenses.						
4. Subtract 3 from 2						
5. Add lines 1 and 4						
Unearned income (Do not count excluded income)						
6. Total unearned income.						
Gross monthly income						
7. Add lines 5 and 6						
8. Enter net loss from line K, if applicable.						
9. Subtract line 8 from 7. (Result is gross monthly income.)						
10. Enter appropriate gross income eligibility limit.						
Go to line 11 only if: - line 9 is less than or equal to line 10; or - household contains an elderly/disabled member; or - household is categorically eligible for food stamps.						
DEDUCTIONS: (Other than shelter)						
11. Multiply line 1 by 20% and enter result here.						
12. Subtract 11 from 9.						
13. Enter standard deduction.						
14. Subtract line 13 from 12.						
15. Enter medical costs over limit for household with elderly/disabled member.						
16. Subtract line 15 from 14.						
17. Enter dependent care costs (not to exceed authorized limit).						
18. Subtract line 17 from 16.						



**ALLOTMENT TEST WORK SHEET**

	AGENCY'S BENEFIT CALCULATION	COMPARISON I	COMPARISON II	NOTES
19. Enter Child Support.				
20. Subtract line 19 from 18.				
21. Enter homeless shelter deduction, if applicable.				
22. Subtract 21 from 20.				
23. If household had shelter costs, and did not receive a homeless shelter deduction, divide line 22 by 2.				
<b>SHELTER COSTS: (Use either the utility standard or the actual cost of each utility bill.)</b>				
Rent or mortgage				
Taxes and insurance				
Total utility standard				
Telephone (Basic rate)				
Electric				
Gas				
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Water and Sewerage				
Garbage and trash				
Installation of utilities				
Other				
24. Total Shelter costs				
25. Enter amount from line 23.				
26. Subtract line 25 from 24 (Result equals excess shelter costs).				
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<b>NET MONTHLY INCOME</b>				
28. Enter amount from line 20 (income after all deductions except shelter)				
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Go to line 32 only if: - Line 30 is less than or equal to line 31; OR - all members of the HH are categorically eligible.				
<b>ALLOTMENT LEVEL</b>				
32. Enter Thrifty Food Plan for household size.				
33. Multiply line 30 by 30% and enter result here.				
34. Subtract line 33 from 32; (Prorating or applying minimum allotment if required)				